ADMINISTRATION ON AGING AND CENTERS FOR MEDICARE & MEDICAID SERVICES

Aging and Disability Resource Center Grants Program
FY 2005 Funding Opportunity

QUESTIONS AND ANSWERS DOCUMENT

CONTENTS

A.	**Definition and Function**	**1**
B.	**Eligible Applicants**	**6**
C.	**Populations to be Served**	**8**
D.	**Stakeholder Involvement**	**9**
E.	**Funding Availability and Allowable Uses of Grant Funds**	**11**
F.	**Application**	**15**
G.	**Other Real Choice Systems Change Grants**	**19**

A. DEFINITION AND FUNCTION

A1. What is an Aging and Disability Resource Center?

An Aging and Disability Resource Center (Resource Center) is a visible and trusted place at the community level where people can turn for information and counseling on all available long term support options and a single point of entry to public long term support programs and services. The goal of the Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS) Resource Center program is to enable people to make informed decisions, provide streamlined access to long term supports, and organize the long term support system.

A2. Why do we need Resource Centers?

As noted on p.2 of our Program Announcement, current long term support services are sustained by numerous funding streams, administered by multiple agencies, and have complex, fragmented and often duplicative intake, assessment and eligibility functions. Figuring out how to obtain services is difficult both for

persons who qualify for publicly-funded supports and for those who can pay privately for such supports. In addition, many individuals are channeled towards an institution without ever being informed about supports that are available to assist them in remaining in the community; this results in added costs to the state. Resource Centers will provide "one-stop shopping" for information, counseling, and access on all long term support matters, including a single entry point for accessing public long term support programs and services. Resource Centers will minimize confusion and support citizen choice and informed decision-making. Resource Centers will also improve a state's ability to manage public resources, monitor program quality and costs, respond to system problems, improve services, and limit unnecessary use of high-cost services including nursing facility services.

A3. Where can I learn more about "one-stop" entry points into the long term support system?

For information on existing AoA and CMS ADRC grantees go to http://www.adrc-tae.org. For information on other programs that have proven successful in bringing long term support services to individuals in one easy location, go to: http://www.cms.hhs.gov/states/dis-aging.asp or www.hcbs.org .

A4. What is meant by the statement in the FY 2005 Program Announcement and Application Instructions that local Resource Centers may be decentralized and have multiple sites?

While the AoA and CMS FY 2005 Program Announcement defines the functions of Resource Centers, states are given considerable flexibility in determining how to operationalize those functions at the local level. In some communities, all Resource Center functions may be performed in a single location. In other communities, Resource Centers may be decentralized and have multiple sites and organizations performing the information and access functions. Some communities may even have different access points for different populations, provided they perform all of the functions of a Resource Center. Regardless of the configuration, the functions of the Resource Center will be coordinated and standardized to ensure the individual is provided with uniform, clear information and access to long term support from one source.

A5. What functions will be performed by Resource Centers?

Resource Center programs will--

- Promote public awareness of both public and private long term support options, as well as awareness of the Resource Center, especially among underserved and hard to reach populations;
- Provide information, and counseling as needed, on all available long term support options;

- Facilitate programmatic eligibility determination for public long term support programs and benefits, including level of care determinations for Medicaid nursing facility and home and community-based services (HCBS) waiver programs;
- Assist individuals in determining their potential eligibility for public long term support programs and benefits;
- Provide short-term assistance or case management to stabilize long term supports for individuals and their families in times of immediate need before they have been connected to long term supports;
- Provide information and referral to other programs and benefits that can help people remain in the community (i.e., health promotion or disease prevention programs, transportation services, and income support programs);
- Help people plan for their future long term support needs; and
- Organize, simplify and ensure "one-stop shopping" for access to all public long term support programs.

Resource Center programs must have an information management system that supports the functions of the Centers. In addition, grantees will be required to evaluate the effectiveness of their Resource Center programs.

A6. What are publicly funded long term support services?

Services funded and administered by a government (Federal, state or local) entity.

A7. What is the Medicaid level of care (LOC) determination process?

For a state to receive federal financial participation for an individual residing in an ICF-MR, nursing facility or participating in a Medicaid Home and Community-Based Waiver program, the state must make a determination that the individual meets the level of care (LOC) criteria it sets for that institution/program. States have considerable flexibility defining their LOC. States typically have different criteria for ICFs-MR than from nursing facilities.

A8. Why is the level of care (LOC) determination so important?

Because all individuals receiving Medicaid funded institutional care must have a determination made that they meet the institutional level of care, incorporating this process into the Resource Center ensures that no one will enter an institution solely because they did not know that alternatives were available.

A9. What is included under Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)?

ADLs are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating.

IADLs are activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using the telephone.

A10. What is meant in this grant program by "crisis intervention"?

Resource Center programs must be able to respond to situations where short-term assistance is needed to support an individual until a plan for long term support services can be put into place. For example, an individual whose existing support system has suddenly fallen apart may need immediate support to assist them while a more comprehensive plan is designed and put in place. In a situation where an individual is in danger to self or others, Resource Centers will refer to, and coordinate with, existing supports (e.g., Adult Protective Services or Nursing Home Ombudsman programs), in accordance with state laws and agency procedures.

A11. The 2005 ADRC Program Announcement lists two funding opportunity numbers — HHS-2005-AoA-DR-0503 and CMS-HHS-2005-ADRC-0007. What do these numbers mean?

Each agency has a system that is used to number regulations and issuances that are published on www.grants.gov or the Federal Register. Because this solicitation is a joint effort between AoA and CMS, we were advised that both document identification numbers should appear in the notice. In addition, the use of two document identification numbers will assist the public when searching for the solicitation by one or more agency names.

A12. Would the Resource Centers be authorizing services or simply doing an assessment for services?

Either, depending on how it is set up. A Resource Center could provide the assessment function but it would be up to the state's program design to determine how the connection is made as seamlessly as possible with the rest of the service delivery system. The Resource Center, could, for example provide time-limited case management designed to get the person to the point where they are enrolled in a regular home and community-based waiver program, especially in situations where there is a long waiting list.

A13. The grant requires states to design a management information system that supports all the functions of the Resource Center. What is your expectation regarding the design of a system that will capture data for the several different target populations? Is the expectation that all target populations will share the same database, or that each will be able to maintain their current databases, but add the required functions? If your expectation is the latter, will states be required to compile the data for all the populations as one report to AoA and CMS?

The issue is less what AoA and CMS will permit and more about developing a really strong program. The stronger the program design, the more competitive the application. If one purpose of the Resource Center program is to take a system with multiple funding sources and make them coherent in a person-centered way then information systems ought to be designed to serve that purpose.

States can maintain their current database systems as long as they are able to meet the requirements of this grant. Our preference would be that states submit information in a single report. It would also be our preference to have the information broken out by specific target populations so that we can understand what is going on with the specific populations. However, if it turns out that accomplishing this is very onerous, the Resource Center grant project officers will work with you to try to find a solution.

For example, if it would be more economical and achieve a better outcome if a state could keep separate information systems for different target populations and build on those, then that might be the best option. The separate information systems would still need to be able to "talk" to one another and more importantly, they need to be capable of integrating all the necessary information from all the different funding sources for the defined population group.

A14. Is it possible for a state to have one resource center operational in just one region of a state, and not operational statewide, by the end of the three year grant funding period?

Yes. We recognize that there may be a tradeoff between breadth of service and intensity. A state could expend a tremendous amount of energy implementing a program statewide but not be able to achieve the same level of integration, coherency and intensity as another state that focuses on a single region during the three-year grant period. That is a choice applicants need to make. Both approaches may represent significant proposals and are acceptable.

A15. Full implementation, within the three-year grant period, of a management information system that fully supports the functions of the Aging and Disability Resource Center may be difficult to achieve for some states. Would an application be competitive if the state were proposing to take a phased-in approach to the management information system which included a plan for full implementation of the system occurring after year three?

The challenge of the Resource Center grant program is to figure out the best way that you can, given the current status of systems in your state, make use of this grant opportunity. It may be that an applicant is not able to have all aspects of the Resource Center grant program in place after three years. We ask that applicants look at all aspects of the Resource Center program, view them as part of the ultimate goal for the Resource Centers, and then lay out a credible plan for putting them in place even if all the pieces are not expected to be achieved by the end of the three-year period. In addition, when an applicant is looking at an aspect of the

program like the information system, we would expect that the applicant is also considering other available funding sources – such as regular Medicaid - to assist with implementation of that aspect of the program.

A16. The Resource Center Program Announcement notes that at the end of the three-year period a Resource Center must be fully operational in at least one area of the state. Should we have a specific community identified in our application or can the identification of that community be part of our start-up process?

That is a choice that is appropriate for applicants to make based on their unique situation. If an applicant hasn't already gone through some process to see which areas are most ready to develop single entry point systems, then simply selecting a site may not provide any assurance that the community is committed to developing a Resource Center program. In a competitive solicitation, communities that are committed to such a program will surface.

B. ELIGIBLE APPLICANTS

B1. Who may apply?

Only a state agency or instrumentality of a state may apply for a Resource Center grant. The applicant agency must have the support and active participation of the Single State Agency on Aging, the Single State Medicaid agency, and the State Agency(s) serving the target population(s) of people with disabilities as specified in the applicant's proposal. A letter of support from the Governor indicating high level state executive support and designating the lead agency is also required.

States that received an Aging and Disability Resource Center grant in 2003 or 2004 are not eligible to apply for the 2005 ADRC funding opportunity.

B2. Are U. S. Territories eligible to apply for Aging and Disability Resource Center program grants?

Yes, States and Territories may apply for these grants. By "State" we refer to the definition provided under 45 CFR 74.2 as "any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments." By "territory or possession," we mean Guam, the U.S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

B3. For the Commonwealth of the Northern Mariana Islands, Guam, the U.S. Virgin Islands, Puerto Rico, American Samoa, and the District of Columbia,

does grant funding received contribute to the overall Medicaid cap which can be received?

Grant funding will not contribute toward the overall cap for Medicaid expenditures in the territories or the District of Columbia.

B4. What is a "state instrumentality"?

States define "state instrumentality." Some states, for example, include universities in their definition of state instrumentality. Before developing a grant proposal, we recommend that each potential applicant review its state law to be sure that the potential applicant meets the legal definition of state instrumentality.

B5. Can an individual apply for an Aging and Disability Resource Center grant?

Individual consumers are not eligible to apply for this grant. Eligible applicants for this type of grant are state agencies and instrumentalities.
If you have a particular concern about long term services and supports in your state or another state, we recommend that you contact your local health and human service agencies for assistance. To obtain information about health and human service agencies in your area, please visit the American Public Health Association's Web site at http://www.aphsa.org/statenew/statenew.asp.
If you are an individual 60 years of age or older or you are inquiring on behalf of someone 60 years of age or older, you may want to contact your local Area Agency on Aging. To obtain information about the local Area Agency on Aging serving your geographic location, please visit the AoA Eldercare Locator at www.eldercare.gov or call 1-800-677-1116.

B6. Can grant funds be used to provide direct services?

Aging and Disability Resource Center grant funds cannot be used to provide direct services.

B7. Can a state that has an existing single-entry point program apply?

Yes. However, all applicants with existing single-entry point programs must demonstrate that their project (a) establishes new capacity or significantly enhances existing capabilities, (b) does not duplicate existing work or supplant existing funding, and (c) devotes all funding under the new proposal to endeavors that advance the goal and vision of the Resource Center Program.

B8. Can we apply to establish pilot Resource Centers in targeted geographic areas with the intent of establishing Resource Centers statewide at some future point?

Yes. The FY 2005 Program Announcement establishs a minimum expectation that grantees must have at least one Resource Center operational at the community level within 12 months of receipt of grant funds that, at a minimum, is providing information and counseling on long term support options and has a plan describing how it will put in place the following functions within 24 months: Eligibility Screening, Programmatic Eligibility Determination, and coordination with Medicaid Financial Eligibility Determination. By the end of the 3-year grant period, the Resource Center must be performing all required functions. While there is no requirement that fully functioning Resource Centers be available statewide at the end of the 3-year grant period, it is our expectation that grantees will be using these grant funds to work towards that goal within a timeframe that is consistent with the needs and circumstances of the states participating in the program.

B9. If we have an organization such as an area agency on aging serve as the Resource Center, will they be allowed to outsource case management?

The issue for us is not outsourcing but the relationship the case manager has with the services and the individual service plans. Case managers must play an important and integral role within the service delivery system – they must be in a position of authority to conduct assessments, reassessments, perform on-going case management and make necessary adjustments to the service plan as the need arises.

C. POPULATIONS TO BE SERVED

C1. Who will be served?

Resource Center programs will serve individuals who need long term support, their family caregivers, and those planning for future long term support needs, regardless of income. They will also serve as a resource for health and long term support professionals and others who provide services to the elderly and to people with disabilities. Resource Centers supported under this program must, at a minimum, include the elderly population and at least one of the following major target groups by the first quarter of the second year: (a) individuals with physical disabilities, (b) individuals with serious mental illness, and/or (c) individuals with mental retardation/developmental disabilities.

C2. Does this grant program require individuals to access private-pay long term support services through Resource Centers? (Private pay means paying out-of-pocket or through a private source.)

No. While Resource Centers will assist private-pay individuals to obtain information about and access to private-pay services, individuals seeking private-pay services may access these services directly, without the assistance of the Resource Center staff.

C3. Does the AoA and CMS vision require that Resource Centers serve individuals regardless of income?

Yes. We believe that Resources Centers are highly visible and trusted places where both public and private-pay individuals may seek and obtain information, counseling, and assistance on the full range of long term support options. While some of the access functions of the Resource Centers (e.g., level of care determinations) will be specifically targeted to individuals who are or appear to be eligible for publicly-funded resources (e.g., those provided by Medicaid), all individuals regardless of income will be able to receive information and assistance regarding, as well as help in accessing, long term supports.

We believe that by providing timely, accurate information to individuals who are not eligible for publicly-funded resources, these individuals will be able to use their resources (e.g., financial resources) more effectively and delay or prevent the need for publicly-funded supports.

D. STAKEHOLDER INVOLVEMENT

D1. Does this grant program require coordination with other entities that provide information about long term support?

Yes. Applicants must involve stakeholders in the planning, implementation and evaluation of their Resource Centers. These efforts should include the coordination of Resource Center activities. We encourage the development of public-private partnerships that most effectively utilize each partner's expertise. Examples of organizations that should be involved include: Area Agencies on Aging, consumer advocacy groups and organizations, Benefit Planning Assistance and Outreach (BPAO) programs funded by the Social Security Administration, One-Stop Centers and other efforts funded by the Department of Labor, Alzheimer's Association chapters, community service providers, State Health Insurance Assistance Programs (SHIPs), Long-Term Care Ombudsman Programs, Developmental Disabilities Councils, State Mental Health Planning Councils, Independent Living Centers, State Vocational Rehabilitation entities, State Assistive Technology Act Projects (AT Act Projects), housing authorities, volunteer groups, employers, faith-based service providers, private philanthropic organizations, and other community-based organizations.

D2. How will citizens be involved in the design and implementation of Resource Center programs?

Applicant states must establish or designate an Advisory Board to assist in the development and implementation of their Resource Center program. The Advisory Board will advise the lead state agency on: (a) the design and operations of Resource Centers, (b) stakeholder input, (c) the state's progress toward

achieving the goal and vision described in this announcement, and (d) other program and policy development issues related to the state's Resource Center program.

The lead state agency will have ultimate authority over the program and its Advisory Board. The Advisory Board must be composed of (a) individuals representing all populations served by the state's Resource Center program including individuals who have a disability or a chronic condition requiring long term support, (b) representatives from organizations that provide services to the individuals served by the program, and (c) representatives of the government and non-governmental agencies that are impacted by the program.
Under this grant program, grantees must meet the provisions for consumer task force participation that apply to the overall Real Choice Systems Change Grants for Community Living as administered by CMS. Congress expressed its preference that Real Choice Systems Change Grants applications "be developed jointly by the State and the Consumer Task Force" (H. Conf. Rep. No. 106-1033 at 150 and H. Conf. Rep. No. 107-342 at 101, adopting S. Rep. No. 107-84 at 17). "The task force should be composed of individuals with disabilities from diverse backgrounds (including the elderly), representatives from organizations that provide services to individuals with disabilities, consumers of long-term services and supports, and those who advocate on behalf of such individuals" (H. Conf. Rep. No. 106-1033 at 150 and H. Conf. Rep. No. 107-342 at 101, adopting S. Rep. No. 107-84 at 17). In the report accompanying the "Consolidated Appropriations Resolution, 2003," Pub. L. No. 108.7, the conferees stated that they "continue to strongly support the Real Choice Systems Change grants and expect CMS to provide expanded technical assistance for the consumer task forces involved with the program by contracting with a consortium of consumer controlled organizations for people with disabilities," H.R. Conf. Rep. 108-10 at 1107. Applicants may elect to use or expand existing Real Choice Consumer Task Forces to meet the consumer involvement provisions of this solicitation.

D3. Are there restrictions on which existing state Advisory Boards can be designated as the Advisory Board for the Resource Center Program?

The Advisory Board must be composed of (a) individuals representing all populations served by the state's Resource Center program, (b) representatives from organizations that provide services to the individuals served by the program, and (c) representatives of the government and non-governmental agencies that are impacted by the program. Existing Advisory Boards – such as those established under the Real Choice Systems Change Program – that either meet, or are modified to meet, these requirements are eligible to serve as Resource Center Program Advisory Boards. Advisory boards established under the Real Choice Systems Change Program may be used for this purpose in an existing or modified form.

D4. If a grantee finds that, upon working with stakeholders, they must deviate from the original work plan submitted in their proposal, is that acceptable?

AoA and CMS Project Officers will work with grantees to make any necessary adjustments.

D5. Can a Resource Center advisory board be comprised of appropriate stakeholders from the local community(s) where the center is being planned or must it be a statewide advisory board?

The answer to that depends on the overall scope of your three-year Resource Center proposal. If your proposal focuses on a particular region then it may be appropriate for your advisory committee to be composed of representatives from that region.

D6. The Resource Center Program Announcement states that grantees must meet the provisions that apply to Real Choice Systems Change grants for consumer task force participation. Is this a reference to the composition of the Resource Center advisory board or is it a separate consumer task force envisioned?

Because the Resource Center grant program uses two different funding sources, the challenge to AoA and CMS was to make the two funding sources work effectively together. For the Real Choice Systems Change grants, Congress wanted to make sure that there was a coherent body of consumers providing advice in the development and implementation of the grants. Resource Center applicants may choose to use or expand existing Real Choice Consumer Task Forces to meet the consumer involvement provisions of the Resource Center solicitation. Another possibility would be to have representation on the Resource Center advisory board from the Consumer Task Force.

D7. May the advisory board be a subcommittee of a larger consumer task force, or may the task force be a subcommittee of an advisory board?

Yes. We appreciate that there are many stakeholders that a state will want to include, and that states may wish to employ a number of techniques by which to coordinate such input. Again, the key concept behind a consumer task force is that there be a coherent and effective method for consumer input. Absent a consumer task force, the effectiveness of consumer input is often reduced by virtue of the bureaucratic jargon and use of professional, insider knowledge that often predominates many stakeholder forums.

E. FUNDING AVAILABILITY AND ALLOWABLE USES OF GRANT FUNDS

E1. Can a state receive more than one Aging and Disability Resource Center grant?

No. These grants are limited to one per state. Although we strongly encourage all States to apply for this grant program, we do not guarantee that all States will be funded--this is a competitive award process and a finite amount of funding is available for this program. Therefore, the quality of a state's efforts is quite important.

States that received an Aging and Disability Resource Center grant in 2003 or 2004 are not eligible to apply for an ADRC grant through the 2005 funding opportunity.

E2. Why is a competitive process being used to award the grants?

As stated in the U.S. Department of Health and Human Services Grants Policy Directives [GPD Part 2.04.B.1], "Grants may only be awarded pursuant to duly approved, written applications. It is the HHS policy to maximize competition to the greatest extent practicable." The rationale underlying open competition is that we are more likely to receive quality applications if the process is competitive. In addition, states are at varying levels in terms of planning and implementing "one-stop shop" entry points into the long term support system. Thus, we would be ill advised to issue grants on a non-competitive formula.

E3. What is the difference between a grant and a "cooperative agreement"?

As a joint effort of AoA and CMS, the Resource Center grant program represents a significant and multifaceted endeavor. Throughout the period of grant award, AoA and CMS will furnish technical assistance, oversight and support to each grantee to ensure program success. The cooperative agreement structure allows AoA and CMS to provide a higher level of technical assistance, oversight and support than a grant relationship affords.

E4. What will be the average grant award?

The maximum award will be $800,000. The average award will therefore be somewhat less than that figure.

E5. Will grantees be able to carry funds forward from one year to the next?

Grantees will have up to thirty-six (36) months to expend funds and complete their projects. We do, however, expect grantees to draw down funds regularly throughout the grant award period.

E6. Will there be another opportunity to apply for an Aging and Disability Resource Center grant next year?

At this time, grant funds are only available for award in this Federal fiscal year. To date, no future appropriations have been made. To read more about the President's Proposed Budget for FY 2006, please visit the Web site at http://www.hhs.gov/budget/docbudget.htm.

E7. Will funds be distributed regionally or evenly across the Nation?

Because of the competitive nature of the solicitation, all Aging and Disability Resource Center grant applications will compete with other Aging and Disability Resource Center grant applications. While we are seeking reasonable geographic and target group balance, the key consideration is the quality of the proposal.

E8. How will states be able to use their grant funds?

States will be able to use the AoA and CMS Resource Center Program grant funds to better coordinate and integrate existing information, counseling and access functions that are associated with the multiple Federal and state long term support programs and services available. Many states have already begun to establish one-stop shop entry points into their long term support systems. Such states will be able to utilize the funds to strengthen their programs by choosing to add functions, such as serving private-pay individuals, or to expand their program to parts of the state not currently served. Other states may choose to utilize the grant funds to begin to develop a single point of entry system.

E9. Are there restrictions on what an applicant can use for the 5% non-financial or cash recipient contribution (match) required of grantees?

Non-financial recipient contributions may include the value of goods and/or services contributed by the grantee. Examples of non-financial recipient contributions include: salary/fringe benefits of staff devoting time to the grant and not otherwise included in the budget or derived from federal funds, volunteer time, and use of facilities to hold meetings or conduct project activities. In-kind contributions from a third party may also be used as non-financial contribution and may include the value of the time spent by Advisory Board members in the design, development and implementation of the grant.
In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered cash recipient contributions.

E10. How do we calculate the required recipient contribution (match)?

Applicants should submit a budget that includes a non-financial or cash recipient contribution of five percent (5%) of the total Federal grant award. For example, an application requesting $800,000 in Federal funds over a three-year period would need a recipient contribution of at least $42,105 for the three-year period. (Total project budget of $842,105).

E11. How will "overhead expenses" or "indirect costs" be paid?

Reimbursement of indirect costs under this grant solicitation is governed by the provisions of OMB Circular A-87 (45 CFR Part 92 – States) and the regulations of the U. S. Department of Health and Human Services (HHS), Grants Policy Directive (GPD) Part 3.01:Post-Award – Indirect Costs and Other Cost Policies. A copy of OMB Circular A-87 is available online at http://www.whitehouse.gov/omb/circulars/a087/a087.html. Additional information regarding the Department's internal policies for indirect rates is available online at http://www.hhs.gov/grantsnet/adminis/gpd/gpd301.htm.

E12. Is there an upper limit on the amount of indirect costs that will be permitted? Would an indirect cost rate of 45% be permitted?

The citations noted in the previous question will provide the permitted maximum. However, applicants should bear in mind that we expect our selection process to be highly competitive. Higher indirect or overhead charges tend to reduce the competitiveness of a proposal. It is most unlikely, for example, that an indirect rate of 45% would be very competitive, even if permitted.

E13. Should the budget include funds for traveling to grantee meetings or conferences?

Funds should be included in your budget to cover travel to two grantee meetings or conferences sponsored by AoA and CMS for the Aging and Disability Resource Center grantees or CMS' contractor for the Real Choice Systems Change Grants for Community Living. One conference grantees are required to attend is the annual CMS Real Choice Systems Change conference that is held in the Baltimore, MD, or Washington, DC, area each year. We suggest that at a minimum you estimate the costs of sending two staff persons to two grantee meetings/conferences per year in the Baltimore, MD, or Washington, DC, area.

E14. Can we subcontract some or all grant activities?

Grantees, not the Federal Government, must decide whether it is in their best interest to subcontract some or all grant activities. That said, however, it is very important that the grantee realize that the administrative responsibility and oversight of all grant activities remains with the grantee. Thus, we strongly recommend that when subcontracting, the grantee should retain sufficient funding to adequately fulfill its administrative and oversight responsibilities. In addition, it is important for a state to maintain sufficient internal staff capacity to learn from the pilot implementation stages and plan for broader systems application.

E15. When will states that are awarded Resource Center grants begin receiving funds?

All funds under the Resource Center grant program will be awarded on or before October 1, 2003. Shortly after the grant is awarded, grantees may begin drawing down funds through the Payment Management System.

E16. Given that applicants cannot supplant grant funds with existing Federal monies, does that mean that we have to hire new staff to implement the project?

These funds are not intended to provide short-term relief or replacement for state budgets. They are intended to provide funds that can be the catalyst for achieving "enduring systems change". The grant monies may be used to fund existing staff so long as the staff are relieved of other responsibilities and allowed to devote their time and attention to the project. If an applicant should determine that it would require additional staff to implement the project, then the applicant would decide whether to hire new agency or contract staff.

E17. Given that the Resource Center program will be utilizing funding from both AoA and CMS and that there are different eligibility requirements for different populations to be served, does AoA and CMS envision that applicants will need to anticipate, and prepare in advance for, special billing difficulties or reporting functions that break out the different funding sources?

There are many different ways to create a seamless system and applicants may want to do some advance thinking about the approach they want to take. One approach is to redesign programs entirely to create new functions and new entities that integrate those functions. In this approach, cost allocation studies would be performed to make sure that the different funding sources are being appropriately billed. Another approach is to co-locate existing programs under one roof. A variation of the two approaches would be to create new organizations and functions but then bring in a Medicaid eligibility worker and, though that worker retains a distinct organizational alliance with the Medicaid agency, the consumer experiences the system as seamless.

F. APPLICATION

F1. Will focusing the project on a single target group negatively affect my application?

As stated in the FY 2005 Program Announcement at section I.A.6, "Resource Centers supported under this program must, at a minimum, include the elderly population and at least one of the following major target groups by the first quarter of the second year: (a) individuals with physical disabilities, (b) individuals with serious mental illness, and/or (c) individuals with mental

retardation/developmental disabilities." Therefore, focusing on a single target group will disqualify the application.

F2. What information should be included in a letter of intent to apply?

The following information should be included in the letter of intent to apply:
1. Name of State
2. Applicant agency
3. Contact name and title
4. Address
5. Contact numbers: Phone Fax:
6. E-mail address
7. Expected amount of request (specify dollar amount)

For ease in submitting the necessary information, we have developed a form that may be used to submit your letter of intent to apply. To access this form, please see the AoA Web site at http://www.aoa.gov or the CMS Web site at http://www.cms.hhs.gov/newfreedom/default.asp.

F3. Will my application be more favorably received if I submit a letter of intent to apply?

Submission of a notice of intent to apply will neither bind the applicant to apply nor will it cause a proposal to be reviewed more favorably.

F4. What is the purpose of the May 25 Applicants' Teleconference that is mentioned in the Resource Center FY 2005 Program Announcement?

The Applicants' Teleconference, also known as a bidders' teleconference, provides prospective applicants the opportunity to ask questions and seek clarification on any of the information presented in the FY 2005 Program Announcement. For those prospective applicants unable to attend the Applicants' Teleconference, questions and answers are posted on the AoA and CMS Web sites. In addition, interested applicants may also telephone or e-mail the AoA and CMS contacts listed in the FY 2005 Program Announcement with their questions—if the AoA and CMS staff respond to new and different questions, the answers to these questions will be posted on the AoA and CMS Web sites.

F5. Are potential applicants required to submit a Letter of Intent to apply?

Potential applicants for the Aging and Disability Resource Center Grant Program were encouraged to submit a letter of intent to apply for a grant by June 1, 2005. However, we are interested in receiving such letters after the June 1date as well. Letters of intent should be submitted to Greg Case at AoA. You may send your letter of intent by e-mail to greg.case@aoa.hhs.gov or by fax to (202) 357-3469. While submitting a letter of intent is not required, we encourage potential

applicants to do so as it will assist AoA and CMS in planning the review panels and post-review panel process. Submitting a letter of intent to apply will not result in a more favorable review of your application.

F6. If between June 1 and July 7 a potential applicant decides to submit an application for grant funding, is it necessary to submit a letter of intent to apply?

As previously stated, the letters of intent will greatly assist us in our review panel planning and post-review panel process. Therefore, if between June 1 and July 7, a state agency or instrumentality decides to apply for funding, we would appreciate receiving a letter of intent. Please note, however, that the application due date of July 7 will remain unchanged.

F7. Being a collaborative effort between AoA and CMS, to whom do I apply?

In keeping with the HHS "One Department" philosophy, an applicant needs to submit only one Aging and Disability Resource Center grant application to apply for funding from both AoA and CMS; there is no need to submit a duplicate application.

AoA and CMS encourage electronic submissions via www.grants.gov. As a joint initiative of AoA and CMS the Aging and Disability Resource Center Program Announcement has been posted separately by both agencies on Grants.gov. An applicant need only submit a single application and may do so through either the AoA or CMS posting on Grants.gov.

Submissions using the regular, U.S. Postal Service must be addressed to:

Department of Health and Human Services
Administration on Aging
Grants Management Division
Washington, DC 20201
Attention: Margaret A. Tolson

Submissions by courier, express mail, priority mail, delivered in person, etc. should be addressed to:

Department of Health and Human Services
Administration on Aging
Grants Management Division
One Massachusetts Avenue, NW, Room 4604
Washington, DC 20001
Attention: Margaret A. Tolson

AoA will ensure that all appropriate parties in both AoA and CMS receive the application. Together, AoA and CMS will make final decisions on the grant awards.

F8. Who will review the grant applications?

Applications that pass the initial application screening (see section IV.2 in the FY 2005 Program Announcement) will be reviewed by an independent panel consisting of at least three individuals. These review panelists will be experts in their field drawn from academic institutions, non-profit organizations, state and local government, and Federal agencies. People with disabilities and/or conditions requiring long term support, and/or caregivers will be included in the review panels.

F9. Since the Resource Center grant program is a collaborative effort between AoA and CMS, how will the grants be administered?

The Resource Center grant program will be jointly administered by AoA and CMS. AoA and CMS will jointly review all grant applications and provide technical assistance, training, guidance and oversight throughout the project period. AoA and CMS project officers will jointly perform the day-to-day Federal responsibilities. Grantees will be notified of their primary Federal contact upon receipt of the award.

F10. Are grantees required to participate in technical assistance activities?

Because these grants are to be used to promote enduring systems change in a number of states, we believe that the primary means of sharing information and facilitating discussions of barriers, ways to resolve barriers, and successes between grantees is through a technical assistance provider. Therefore, in order to attain the stated programmatic goals, all grantees must participate in Aging and Disability Resource Center technical assistance efforts.

F11. Are grantees required to contribute staff time to the technical assistance efforts of the Aging and Disability Resource Center grants program?

Yes, grantees must contribute staff time to the technical assistance portion of the grant program. This will include attendance at national meetings, participation in teleconference calls and other activities.

F12. Will grantees be required to collect data on the individuals they serve? Should we build funds into the budget to collect data?

Yes. All grantees will be required to collect information regarding individuals served through the grant program. While we do not desire to place undue burdens on the grantees, we believe that there is a great deal that can be learned from these grants about both the systems and supports necessary for children and adults of any age with a disability to live and participate in their communities. We also realize that the efforts that grantees will undertake will impact delivery of long

term community systems and supports well into the future. We hope that you are willing to join us in this exciting endeavor and share the knowledge gained from your efforts with your colleagues and state and national decision makers.

F13. Are letters of support necessary to prove active participation of the State Medicaid Agency and the State Unit on Aging?

Yes. As described in the 2005 Program Announcement: "The applicant agency must have the documented support and active participation of the Single State Agency on Aging, the Single State Medicaid Agency and the State Agency(s) serving the target population(s) of people with disabilities specified in the applicant's proposal." To meet this requirement, an application must include a letter of support for the proposed project from each agency.

In addition a letter of support from the Governor indicating high level state executive support and designating the lead agency is also required.

F14. Should an applicant provide a description of how they will handle billing/reporting for different funding sources in their narrative?

Given the limitation on the narrative of 25 pages, it is unlikely the space limitation will allow too much detail. It would be appropriate to include it in your work plan, however, and if you do have a plan developed, you could share it as an appendix to your proposal.

G. OTHER REAL CHOICE SYSTEMS CHANGE GRANTS

G1. The Resource Center FY 2005 Program Announcement refers to the Real Choice Systems Change Grants which also provides funding that can be used, at least in part, to streamline access to long-term supports. Can we apply for both a Real Choice Systems Change grant and an Aging and Disability Resource Center grant?

AoA and CMS recognize there are other grant funding opportunities available to streamline access to long-term care for older Americans and individuals with disabilities. In these instances, applying for and receiving funding from multiple sources is encouraged. Examples of permissible combinations of access grant opportunities are:

- Applicant has been awarded a CMS Real Choice Systems Change grant that relates to access and is applying for the FY 2005 ADRC and/or FY 2005 CMS Real Choice "System Transformation Grant".
- An applicant has already been funded for a FY2003 or 2004 ADRC grant, and wants to apply for the FY 2005 CMS Real Choice "Systems Change Transformation Grant".

- An applicant has not been awarded an access grant from CMS, AoA, or other entity and wants to apply for the FY 2005 ADRC and/or CMS Real Choice "System. Transformation Grant".

If any of the above circumstances apply to a 2005 ADRC applicant, in the ADRC proposal they must 1) list, in the ADRC proposal, all current initiatives related to access to long-term support and/or all grant applications proposed for FY 2005 that include access activities; and 2) explain in the ADRC proposal narrative how the activities of each grant will not be duplicative or in any way conflict with other grants but rather build upon other initiatives to further enhance the states efforts to streamline access to long-term care.

Information on each of these grant programs can be found on the CMS Web site at http://www.cms.hhs.gov/newfreedom/default.asp.

G2. Are applicants for the Aging and Disability Resource Center grant program required to apply for a CMS Real Choice Systems Change grant?

No. While some states may choose to apply for a Real Choice Systems Change grant in addition to an Aging and Disability Resource Center grant, there is no requirement that an applicant must apply for any of the other grant opportunities available under Real Choice Systems Change Grants for fiscal year 2005.

G3. Will states that apply for both grants have an advantage?

No. States that apply for an Aging and Disability Resource Center grant and the Real Choice Systems Change grant will not have an advantage. All grant applications will compete with other grant applications for the same type of grant. In other words, an Aging and Disability Resource Center grant application will be reviewed and ranked with other Aging and Disability Resource Center grant applications.

G4. Is it possible for a state to apply for both a Real Choice Systems Change grant and an Aging and Disability Resource Center grant and tie the two applications together into one cohesive program concept?

Yes, it is possible to apply for both a Real Choice Systems Change grant and an Aging and Disability Resource Center grant into a cohesive program concept. However, in the event that both applications are funded, we may require adjustments in the grant award and in the terms and conditions to prevent duplication of effort or overlapping activities.